



University of Michigan
Hospitals and Health Centers

Delineation of Privileges
Department of Internal Medicine/Division of Gastroenterology

Name: _____

LEVEL I CORE PRIVILEGES

General Medicine: To qualify for the subspecialty of Gastroenterology, a practitioner must first be trained in General Internal Medicine. Therefore a practitioner who is granted Gastroenterology privileges is automatically granted privileges in General Medicine that may be found at:

<http://www.med.umich.edu/mss/pdf/IM-General.pdf>

GASTROENTEROLOGY
Level I Core Privileges

Minimum Training and Experience: Minimum formal training: Fellowship in Gastroenterology. Fellowship in gastroenterology as described above. This fellowship training must include at least 12 months of clinical time and if after 1995, 18 months of clinical time. Under exceptional circumstances the Division Chief and Department Chair can waive this required number of clinical months.

Required previous experience: Active participation in the care of patients with illnesses relevant to the practice of Gastroenterology during the past 12 months.

Minimum certification and Board status: Board certified in Gastroenterology by the American Board of Internal Medicine within 5 years of initial appointment. Under exceptional circumstances, the Division Chief and Department Chair can recommend to the Hospital Executive Board (via the Credentials Committee and ECCA) that the Board requirement be waived.

Scope of Practice/Privileges

Privileges include work up, diagnosis, and treatment including consultation for patients who are admitted or in need of care to treat gastrointestinal problems.

Physicians with these privileges may act as consultants to others, and may in turn be expected to request consultations when:

- a) Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness;
- b) Unexpected complications arise which are outside the physician level of competence and
- c) Specialized treatment or procedures are contemplated with which they are not familiar.

Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

- Abdominal pain
- Acid peptic disorders/gastrointestinal tract
- Acute abdomen
- Examination, diagnosis, consultation, surgical procedures, treatment and management of patients of all ages with disorders, injuries, and illnesses affecting the stomach, intestines, and associated organs (such as the esophagus, liver, gallbladder, and pancreas).
- Alcoholic liver diseases
- Alimentation, enteral/parenteral
- Biliary and pancreatic disorders
- Biliary secretory tests - gastric/pancreatic
- Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
- Bougienage, diagnostic/therapeutic procedures
- Central Venous Cannulation
- Cholestatic syndromes
- Cirrhosis and portal hypertension
- Constipation
- Depression, neurosis, and somatization syndromes
- Diarrhea
- Drug-induced hepatic injury
- Dysphagia
- Esophagus, diseases of
- Fiberoptic flexible sigmoidoscopy
- Gallstones and cholecystitis
- Gastrointestinal and pancreatic neoplasms
- Gastrointestinal bleeding, acute/chronic
- Gastrointestinal diseases with an immune basis
- Gastrointestinal disorders, surgical care
- Gastrointestinal infections, including: -retroviral -mycotic -parasitic
- Gastrointestinal manifestations of HIV infections
- Gastrointestinal motility studies, including: -esophageal manometry
- Gastrointestinal neoplastic disease
- Genetic / inherited disorders
- Hepatitis, acute and chronic
- Hepatobiliary neoplasms
- Imaging of the digestive system, including: -computed tomography -magnetic resonance imaging -nuclear medicine -ultrasound -vascular radiography
- Inflammatory bowel diseases
- Intubation, enteral - diagnostic/therapeutic procedures
- Irritable bowel syndrome
- Jaundice
- Liver disease, chronic
- Liver transplantation
- Malnutrition
- Motor disorders of the gastrointestinal tract
- Nausea and vomiting
- Nutrient assimilation, disorders of
- Pancreatic needle biopsy
- Percutaneous cholangiography
- Percutaneous liver biopsy
- Proctoscopy
- Thoracentesis
- Vascular disorders of the gastrointestinal tract

Requested (Applicant)

Recommended approval (Service Chief/Chair)

Minimum Training and Experience

(NOTE: Separate application required for Sedation/Fluoroscopy Privileges as appropriate.)

Minimum formal training: Required previous experience and minimum board certification and board status as previously. In addition, the training should have included the minimum number of procedures before competency can be assessed:

EGD –130 procedures

Esophageal Dilation – 20 procedures

Flexible Sigmoidoscopy – 30 procedures

Colonoscopy – 140 procedures (including snare polypectomy – 30 procedures)

PEG – 15 procedures

Variceal hemostasis – 20 procedures

Nonvariceal hemostasis – 25 procedures

Liver biopsy – 25 procedures

Capsule Endoscopy: Be competent and have privileges to perform EGD, colonoscopy, and (for small intestine capsule endoscopy) enteroscopy. Familiarity with the hardware and software systems. One of the following:

- 1) Formal training in capsule endoscopy during GI fellowship, or 2) Completion of a hands-on course with a minimum of 8 hours CME credit, endorsed by a national or international GI or surgical society and review of first 10 capsule studies by a credentialed capsule endoscopist.

Double Balloon Enteroscopy: This is a new technological development that represents a minor extension or refinement of established endoscopic skills. Utilizing instructive resources such as videotapes, interactive computer programs, CD-ROM and attendance at short courses is appropriate for attaining competency in this technique.

For ongoing privileges (renewal), it is expected that the following minimum number of procedures be performed per year:

EGD – 5

Esophageal Dilation – 1

Flexible Sigmoidoscopy –2

Colonoscopy – 15; PEG – 2

Variceal hemostasis 2

Nonvariceal hemostasis 2

Liver biopsy –2

Ongoing privileges may be permitted with the appropriate proctoring at the discretion of the Division Chief.

Gastrointestinal Endoscopy

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Esophagogastroduodenoscopy

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Esophageal Dilation

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Flexible Sigmoidoscopy

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Colonoscopy

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Percutaneous Endoscopic Gastrostomy (PEG)

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Variceal hemostasis

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Nonvariceal hemostasis

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Liver biopsy

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Capsule endoscopy

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Double balloon enteroscopy

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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LEVEL II

Minimum Training and Experience:

(NOTE: Separate application required for Sedation/Fluoroscopy Privileges as appropriate.)

As above and in addition physicians must be deemed competent in these procedures by their mentor in their training program. An approximate required number include:

200 ERCP's

100 Endoscopic Ultrasounds

25 Endoscopic Laser Therapies – Meets University of Michigan Medical Center Laser Committee requirements (Policy # 05-01-002)

10 Gastrointestinal stent placements.

For ongoing privileges (renewal), it is expected that the following minimum number of procedures be performed per year:

ERCP – 25

EUS – 25

Laser Therapy – 5

Stent Placement - 2

Scope of Practice/Privileges: Special expertise is required for the following procedures including:

Endoscopic retrograde cholangiopancreatography

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Endoscopic Ultrasound

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Endoscopic Laser Therapy (Separate Laser Application Required)

- Requested (Applicant) Recommended approval (Service Chief/Chair)
-

Gastrointestinal Stent placement

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Scope of Practice/Privileges

Specific level of experience in gastrointestinal motility should include experience with esophageal motility, gastric and small bowel motility and anorectal motility.

Minimum Training and Experience

Understanding the basics of gastrointestinal motility falls under Level 1 but specific experience with the performance and interpretation of these specific motility studies requires additional training and documentation of expertise by the physicians mentor. An approximate number would include:

50 esophageal motility studies including 20 procedures with provocative testing

and 20 procedures with prolonged pH recording

25 gastric and small bowel motility studies

30 anorectal motility studies with at least 10 biofeedback studies.

- Requested (Applicant)** **Recommended approval (Service Chief/Chair)**
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LEVEL III HEPATOLOGY AND LIVER TRANSPLANTATION

Minimum Training and Experience: For advanced hepatology training dealing with liver transplantation, it is expected that the physician will have completed at least 18 months of training in hepatology and have been involved in the care of transplant patients during the past 24 months. Approval by the Director of Hepatology will be required.

- Requested (Applicant)** **Recommended approval (Service Chief/Chair)**
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SPECIAL PRIVILEGES

A separate application is required to **APPLY** or **REAPPLY** for the following Special Privileges:

- ▶ FLUOROSCOPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval:

As Requested	As Modified (please explain)	_____
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I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date: _____ Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION:

Approval as Requested	Not Approved (please explain)	_____
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Credentials Committee Member: _____ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval as Requested	Not Approved (please explain)	_____
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Executive Committee On Clinical Affairs - Member: _____ Date: _____